

As you can see I am currently paying monthly on this loan in which I still have a little over \$4,000 to pay. Below you will notice loan US Bank Loan information that illustrates the loans I have taken out in order to build my business.



October 2013 Statement

Page 1 of 2

Open Date: 09/13/2013 Closing Date: 10/11/2013

Account: [REDACTED]

U.S. Bank Premier Line
SAMUEL J PYKE
MARY C PYKE

Customer Service 1-866-411-2079
BNK 8 8

New Balance \$4,430.94
Minimum Payment Due \$84.00
Payment Due Date 11/09/2013

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay up to a \$35.00 Late Fee.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	7 years	\$5,935
\$141	3 years	\$5,090 (Savings=\$845)

If you would like information about credit counseling services, call 866-951-1391.

Activity Summary

Previous Balance	+	\$4,547.90
Payments	-	\$150.00CR
Other Credits		\$0.00
Purchases		\$0.00
Balance Transfers		\$0.00
Advances		\$0.00
Other Debits		\$0.00
Fees Charged		\$0.00
Interest Charged	+	\$33.04

New Balance = **\$4,430.94**
Past Due **\$0.00**
Minimum Payment Due **\$84.00**
Credit Line \$6,150.00
Available Credit \$1,719.06
Days in Billing Period 29

Paying the New Balance in full will not pay off your account, please call Customer Service for the payoff amount.

Payment Options:

Mail payment coupon with a check

Pay online at: usbank.com

Pay by phone 1-866-411-2079

Pay at your local U.S. Bank branch

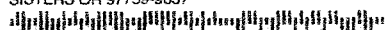
No payment is required.



24-Hour Customer Service: 1-866-411-2079

to pay by phone
 to change your address

SAMUEL J PYKE
MARY C PYKE
17495 IVY LN
SISTERS OR 97759-9637



Automatic Payment

Account Number: [REDACTED]

An automatic payment of \$150.00 will be deducted from your account on 11/04/13. If you choose to make additional payments please write your account number on your check and mail to:

U.S. Bank
P.O. Box 790408
St. Louis, MO 63179-0408



Close Window

To print this page, use your browser's print command.

Premier Line Plus

CURRENT BALANCE	AVAILABLE CREDIT
\$4,442.16	\$1,719.06
MINIMUM PAYMENT DUE	NEXT PAYMENT DATE
\$84.00	11/09/13

10/11/13	Interest Charge On Purchases		\$33.04
10/02/13	Payment Thank You	\$150.00	
09/12/13	Interest Charge On Purchases		\$33.89
09/03/13	Payment Thank You	\$150.00	
08/14/13	Interest Charge On Purchases		\$39.43
08/02/13	Payment Thank You	\$150.00	
07/12/13	Interest Charge On Purchases		\$36.74
07/02/13	Payment Thank You	\$150.00	
06/12/13	Interest Charge On Purchases		\$36.38
06/03/13	Payment Thank You	\$150.00	
05/17/13	Amazon Mktplace Pmts Amzn.com/bill Wa	\$16.99	
05/14/13	Interest Charge On Purchases		\$9.92
05/13/13	Amazon Mktplace Pmts Amzn.com/bill Wa		\$22.73
05/13/13	B & H Photo-video.com 800-9479950 Ny		\$3,619.31
05/08/13	B & H Photo-video-mo/t 212-2397500 Ny		\$780.95
05/02/13	Payment Thank You	\$150.00	
04/19/13	B & H Photo-video.com 800-9479950 Ny		\$35.70
04/15/13	Google *ids Online Google.com/ch Ca		\$83.99
04/11/13	Interest Charge On Purchases		\$1.40
04/05/13	B & H Photo-video.com 800-9479950 Ny		\$614.45

Close Window

I do not have any investment or Money Market accounts, certificates of deposit, bonds, stocks, trusts, or endowments. As you can see, I am paying off these loans currently, monthly. I do have 3 checking, and one savings account with US bank. The checking accounts are free, and the savings account earned me around \$.24 last year.

Video programming distributor assistance:

As noted in the earlier petition our program being called into question is a barter show. This means that the program distributor, from which our program is aired, does not financially compensate our program to air the show, and Hill Shadow Pictures does not compensate the program distributor monetarily. The show makes its money from advertisers that pay to have their ad during our ad space-time. There is simply no reason for our program distributors to assist in funding for closed captioning simply because they would only lose one show they air if our program was cancelled as oppose to my company losing a great deal of its earnings. I have attached emails from our program distributors in the earlier petition, but I will provide updated answers from them in case anything has changed for them in that realm.

KWVT is not able to assist with paying for closed captioning for this program. If that was required, we would have to drop the program from our schedule.

Michael Mattson

KWVT 17 - Willamette Valley Television

~~Michael Mattson~~

From: Samuel Pyke

Sent: Monday, October 21, 2013 10:01 PM

To: Donna Rodriguez ; Samuel Pyke ; Greg Pan ; ~~Michael Mattson~~

Cc: Gary Lewis

Subject: Closed Captioning Funding

From: Donna Rodriguez <drodriguez@kobi5.com>

Subject: RE: Closed Captioning Funding

Date: October 22, 2013 10:40:41 AM PDT

To: Samuel Pyke <hillshadowpictures@gmail.com>

Hi Sam. I hope this helps.

For whom it may concern: As a rule, we don't pay cash for late night programming. Our programming is paid for by sharing commercial space. The syndicator/producer sells a portion of air time and we sell the other portion of time. This is called a barter deal. It would not be financially feasible to pay cash for closed captioning of a late night program.

~~Donna Rodriguez~~

Programming & Traffic Mgr.

~~RODRIGUEZ-TV~~

541-779-5555

Direct Dial: 541-282-1208



From: Greg Fair <gfair@zolomedia.com>

Subject: Re: Closed Captioning Funding

Date: October 22, 2013 9:43:00 PM PDT

To: Samuel Pyke <hillshadowpictures@gmail.com>

To whom it may concern. KBNZ CBS is a low power affiliate in Bend Oregon owned by Zolo Media. Zolo Media does not have closed captioning budget for regional barter programs such as Gary Lewis Adventure Journal.

Greg

Greg Fair

Programming & Operations Manager

Zolo Media

gfair@zolomedia.com <mailto:gfair@zolomedia.com>

(541) 312-6549

Additional sponsorship:

After seeking additional funding from 4 different Business owners locally, and regionally including the hearing loss association of Oregon, it is apparent that no one wants to randomly give a small production company \$5,850 or any part of that. Considering the current economic climate it is no surprise that this is the case. After speaking with Bob Mehan, owner of Cinder Butte Meat Company, a local Butcher, they informed me there is no reason to help pay for this endeavor simply because it not relevant to their business.

Your type of operations:

The operations that I conduct as an independent video producer include investing in equipment, ensuring that equipment, utilizing that equipment, and delivering a product that illustrates what a client wants to see. I shoot video, edit video, format files, deliver video products, and travel to shooting locations. For this specific programming, I am the sole person that shoots, edits, conforms files, and delivers them to our regional networks.

I would like to note that I have now sent 11 emails requesting answers to questions that I have had since I received this letter for further information in early October. I sent the emails to the FCC's Disabilities Rights Office at disabilities@fcc.gov, and have not had one response. I have been trying to get a hold of Suzy Rosen Singleton as

she is the signing Attorney on this letter, and have not had one response. At the bottom of the letter it states, "If you have any questions pertaining to this letter or the information and materials requested herein, please contact the FCC's Disability Rights Office at captioningexemption@fcc.gov." Eleven emails sent since October 9th, and I have not had one response.

Electronic Filing Instructions for your 2012 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed

TurboTax 

Received & Inspected

OCT 24 2013

Samuel J Pyke
17495 Ivy Ln
Sisters, OR 97759

FCG Mail Room

Balance Due/Refund

Your federal tax return (Form 1040) shows a balance due of \$2,028.00.

Your return shows you have elected to pay your balance due of \$2,028.00 by Direct Debit using the following information:

- Amount Withdrawn: \$2,028.00
- Account Number: [REDACTED]
- Routing Transit Number: [REDACTED]
- Date of Withdrawal: 04/11/2013

What You Need to Keep

Your Electronic Filing Instructions (this form)
Printed copy of your federal return

2012 Federal Tax Return Summary

Adjusted Gross Income	\$	12,969.00
Taxable Income	\$	3,219.00
Total Tax	\$	1,992.00
Payment Due	\$	1,992.00
Penalty/Interest	\$	36.00
Balance Due With Penalty/Interest	\$	2,028.00
Effective Tax Rate		2.49%

Estimated Payments to Make for Next Year's Return

Estimated Payments for 2013 - Do not mail these vouchers with your 2012 income tax return. The estimated vouchers displayed below are used to prepay your 2013 income taxes that will be filed next year. If you expect to owe more than \$1,000 in 2013, you may incur underpayment penalties if you do not make these four estimated tax payments. This printout includes your estimated tax vouchers for your federal estimated taxes (Form 1040-ES).

Mail payments according to the schedule below:

Voucher Number	Due Date	Amount
1	04/15/2013	\$ 498.00
2	06/17/2013	\$ 498.00
3	09/16/2013	\$ 498.00
4	01/15/2014	\$ 498.00

Include a separate check or money order for each payment, payable to "United States Treasury". Write your social security number and "Form 1040-ES" on each check.

Mail payments to:
Internal Revenue Service
P.O. Box 510000
San Francisco, CA 94151-5100



Hi Samuel,

We just want to thank you for using TurboTax this year! It's our goal to make your taxes easy and accurate, year after year.

With TurboTax Home & Business:

Your Head Start On Next Year:

When you come back next year, taxes will be so easy! All your information will be saved and ready to transfer in to your new return. We'll ask you questions about what changed since we last talked, and we'll be ready to get you the credits and deductions you deserve, no matter what life throws at you.

Here's the final wrap up for your 2012 taxes:

Your federal balance due is: \$ 2,028.00

Your Guarantee of Accuracy:

Breathe easy. The calculations on your return are backed with our 100% Accuracy Guarantee.

- We double checked your return for errors along the way.
- We helped with step-by-step guidance to get your answers on the right IRS forms.
- We asked you specific questions related to your business and found all the related deductions.
- We made sure you didn't miss a deduction even if something in your life changed, like a new job, new house - or more kids!

Also included:

- We provide the Audit Support Center free of charge, in the unlikely event you get audited.

Many happy returns from TurboTax.

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **04/15/2013**

2013 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2013 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

498.

REV 01/14/13 TTMAC

1555


SAMUEL J PYKE

17495 IVY LN
SISTERS OR 97759

INTERNAL REVENUE SERVICE
PO BOX 510000
SAN FRANCISCO CA 94151-5100

 AN PYKE 30 0 201312 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year—
Due **06/17/2013**

2013 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the "United States Treasury." Write your social security number and "2013 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

498.

REV 01/14/13 TTMAC 1555


SAMUEL J PYKE

17495 IVY LN
SISTERS OR 97759

INTERNAL REVENUE SERVICE
PO BOX 510000
SAN FRANCISCO CA 94151-5100

 AN PYKE 30 0 201312 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year—
Due **09/16/2013**

2013 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2013 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

498.

REV 01/14/13 TTMAC

1555

SAMUEL J PYKE

**17495 IVY LN
SISTERS OR 97759**

**INTERNAL REVENUE SERVICE
PO BOX 510000
SAN FRANCISCO CA 94151-5100**

AN PYKE 30 0 201312 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year—
Due 01/15/2014

2013 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the 'United States Treasury.' Write your social security number and '2013 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

498.

REV 01/14/13 TTMAC 1555

[REDACTED]
SAMUEL J PYKE

17495 IVY LN
SISTERS OR 97759

INTERNAL REVENUE SERVICE
PO BOX 510000
SAN FRANCISCO CA 94151-5100

[REDACTED] AN PYKE 30 0 201312 430

For the year Jan. 1–Dec. 31, 2012, or other tax year beginning , 2012, ending , 20

See separate instructions.

Your first name and initial **Samuel J** Last name **Pyke** Your social security number **[REDACTED]**

If a joint return, spouse's first name and initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. **17495 Ivy Ln** Apt. no. **▲** Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **Sisters OR 97759** Presidential Election Campaign

Foreign country name Foreign province/state/county Foreign postal code Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status

1 ☒ Single 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

2 ☐ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶ 5 ☐ Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a. 1

b ☐ Spouse

Boxes checked on 6a and 6b

c Dependents: (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ if child under age 17 qualifying for child tax credit (see instructions)

(1) First name Last name

If more than four dependents, see instructions and check here ☐

No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶ **1**

d Total number of exemptions claimed

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 344.

8a Taxable interest. Attach Schedule B if required 8a

b Tax-exempt interest. Do not include on line 8a 8b

9a Ordinary dividends. Attach Schedule B if required 9a

b Qualified dividends 9b

10 Taxable refunds, credits, or offsets of state and local income taxes 10

11 Alimony received 11

12 Business income or (loss). Attach Schedule C or C-EZ 12 13,585.

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ 13

14 Other gains or (losses). Attach Form 4797 14

15a IRA distributions 15a b Taxable amount 15b

16a Pensions and annuities 16a b Taxable amount 16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17

18 Farm income or (loss). Attach Schedule F 18

19 Unemployment compensation 19

20a Social security benefits 20a b Taxable amount 20b

21 Other income. List type and amount 21

22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶ 22 13,929.

Adjusted Gross Income

23 Educator expenses 23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24

25 Health savings account deduction. Attach Form 8889 25

26 Moving expenses. Attach Form 3903 26

27 Deductible part of self-employment tax. Attach Schedule SE 27 960.

28 Self-employed SEP, SIMPLE, and qualified plans 28

29 Self-employed health insurance deduction 29

30 Penalty on early withdrawal of savings 30

31a Alimony paid b Recipient's SSN ▶ 31a

32 IRA deduction 32

33 Student loan interest deduction 33

34 Tuition and fees. Attach Form 8917 34

35 Domestic production activities deduction. Attach Form 8903 35

36 Add lines 23 through 35 36 960.

37 Subtract line 36 from line 22. This is your **adjusted gross income** ▶ 37 12,969.

Tax and Credits		38 Amount from line 37 (adjusted gross income)		38	12,969.																
		39a Check <input type="checkbox"/> You were born before January 2, 1948, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1948, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a																			
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$5,950 Married filing jointly or Qualifying widow(er), \$11,900 Head of household, \$8,700		b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b																			
		40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	5,950.																
		41 Subtract line 40 from line 38		41	7,019.																
		42 Exemptions. Multiply \$3,800 by the number on line 6d.		42	3,800.																
		43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	3,219.																
		44 Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 962 election		44	323.																
		45 Alternative minimum tax (see instructions). Attach Form 6251		45																	
		46 Add lines 44 and 45		46	323.																
		47 Foreign tax credit. Attach Form 1116 if required		47																	
		48 Credit for child and dependent care expenses. Attach Form 2441		48																	
49 Education credits from Form 8863, line 19		49																			
50 Retirement savings contributions credit. Attach Form 8880		50																			
51 Child tax credit. Attach Schedule 8812, if required.		51																			
52 Residential energy credits. Attach Form 5695		52																			
53 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>		53																			
54 Add lines 47 through 53. These are your total credits		54																			
55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-		55	323.																		
Other Taxes		56 Self-employment tax. Attach Schedule SE		56	1,669.																
		57 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919		57																	
		58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		58																	
		59a Household employment taxes from Schedule H		59a																	
		b First-time homebuyer credit repayment. Attach Form 5405 if required		59b																	
		60 Other taxes. Enter code(s) from instructions		60																	
61 Add lines 55 through 60. This is your total tax		61	1,992.																		
Payments If you have a qualifying child, attach Schedule EIC.		62 Federal income tax withheld from Forms W-2 and 1099		62																	
		63 2012 estimated tax payments and amount applied from 2011 return		63																	
		64a Earned income credit (EIC)		64a																	
		b Nontaxable combat pay election 64b		64b																	
		65 Additional child tax credit. Attach Schedule 8812		65																	
		66 American opportunity credit from Form 8863, line 8		66																	
		67 Reserved		67																	
		68 Amount paid with request for extension to file		68																	
		69 Excess social security and tier 1 RRTA tax withheld		69																	
		70 Credit for federal tax on fuels. Attach Form 4136		70																	
71 Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885		71																			
72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments		72																			
Refund Direct deposit? See instructions.		73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid		73																	
		74a Amount of line 73 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>		74a																	
		b Routing number <table border="1" style="display: inline-table; text-align: center; font-size: 0.8em;"> <tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr> </table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		X	X	X	X	X	X	X	X	X	X								
		X	X	X	X	X	X	X	X	X	X										
d Account number <table border="1" style="display: inline-table; text-align: center; font-size: 0.8em;"> <tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr> </table>		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
75 Amount of line 73 you want applied to your 2013 estimated tax		75																			
Amount You Owe		76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions		76	2,028.																
77 Estimated tax penalty (see instructions)		77	36.																		
Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No																					
Designee's name		Phone no.		Personal identification number (PIN)																	
Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.																					
Your signature		Date		Your occupation Video Producer																	
Spouse's signature. If a joint return, both must sign.		Date		Spouse's occupation																	
				Daytime phone number (541) 678-2018																	
				If the IRS sent you an Identity Protection PIN, enter it here (see inst.)																	
Print/Type preparer's name		Preparer's signature		Date																	
Firm's name ▶ SELF PREPARED		Firm's EIN ▶		Check <input type="checkbox"/> if self-employed																	
Firm's address ▶		Phone no.		PTIN																	

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► For information on Schedule C and its instructions, go to www.irs.gov/schedulec.
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2012
Attachment
Sequence No. **09**

Name of proprietor Samuel J Pyke		Social security number (SSN) <div style="background-color: black; width: 100px; height: 1.2em;"></div>
A Principal business or profession, including product or service (see instructions) Video Production	B Enter code from instructions ► 5 1 2 1 0 0	
C Business name. If no separate business name, leave blank. Hill Shadow Pictures	D Employer ID number (EIN), (see instr.) 	
E Business address (including suite or room no.) ► 17495 Ivy Ln City, town or post office, state, and ZIP code Sisters, OR 97759		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2012? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2012, check here <input type="checkbox"/>		
I Did you make any payments in 2012 that would require you to file Form(s) 1099? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
J If "Yes," did you or will you file required Forms 1099? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income	
1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1 24,818.
2 Returns and allowances (see instructions)	2
3 Subtract line 2 from line 1	3 24,818.
4 Cost of goods sold (from line 42)	4
5 Gross profit. Subtract line 4 from line 3	5 24,818.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6
7 Gross income. Add lines 5 and 6	7 24,818.

Part II Expenses		Enter expenses for business use of your home only on line 30.	
8 Advertising 8 33.		18 Office expense (see instructions) 18	
9 Car and truck expenses (see instructions). 9 2,798.		19 Pension and profit-sharing plans . 19	
10 Commissions and fees . 10 60.		20 Rent or lease (see instructions):	
11 Contract labor (see instructions) 11 1,070.		a Vehicles, machinery, and equipment 20a	
12 Depletion 12		b Other business property 20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions). 13 1,639.		21 Repairs and maintenance 21 19.	
14 Employee benefit programs (other than on line 19) . . 14		22 Supplies (not included in Part III) . 22 390.	
15 Insurance (other than health) 15		23 Taxes and licenses 23	
16 Interest:		24 Travel, meals, and entertainment:	
a Mortgage (paid to banks, etc.) 16a		a Travel 24a 172.	
b Other 16b 244.		b Deductible meals and entertainment (see instructions) . 24b 150.	
17 Legal and professional services 17 382.		25 Utilities 25 194.	
		26 Wages (less employment credits) . 26	
		27a Other expenses (from line 48) . . 27a 4,082.	
		b Reserved for future use 27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a		28 11,233.	
29 Tentative profit or (loss). Subtract line 28 from line 7		29 13,585.	
30 Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere . .		30	
31 Net profit or (loss). Subtract line 30 from line 29.		31 13,585.	
<div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> <ul style="list-style-type: none"> • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32. </div> <div style="width: 25%; border-left: 1px solid black; padding-left: 10px;"> <p>32a <input type="checkbox"/> All investment is at risk.</p> <p>32b <input type="checkbox"/> Some investment is not at risk.</p> </div> </div>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> <ul style="list-style-type: none"> 32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited. </div> </div>			

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes," attach explanation
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35
36	Purchases less cost of items withdrawn for personal use 36
37	Cost of labor. Do not include any amounts paid to yourself 37
38	Materials and supplies 38
39	Other costs 39
40	Add lines 35 through 39 40
41	Inventory at end of year 41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____
44	Of the total number of miles you drove your vehicle during 2012, enter the number of miles you used your vehicle for: a Business _____ b Commuting (see instructions) _____ c Other _____
45	Was your vehicle available for personal use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

Coyaki Lodge Fees GLAJ	80.
video/lighting/rig/hardware equipment	3,937.
Royalty Free Music	65.
Over \$150 Investments Camera/Computer Equipment	
48 Total other expenses. Enter here and on line 27a	48 4,082.

SCHEDULE SE
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Self-Employment Tax**► Information about Schedule SE and its separate instructions is at www.irs.gov/form1040.

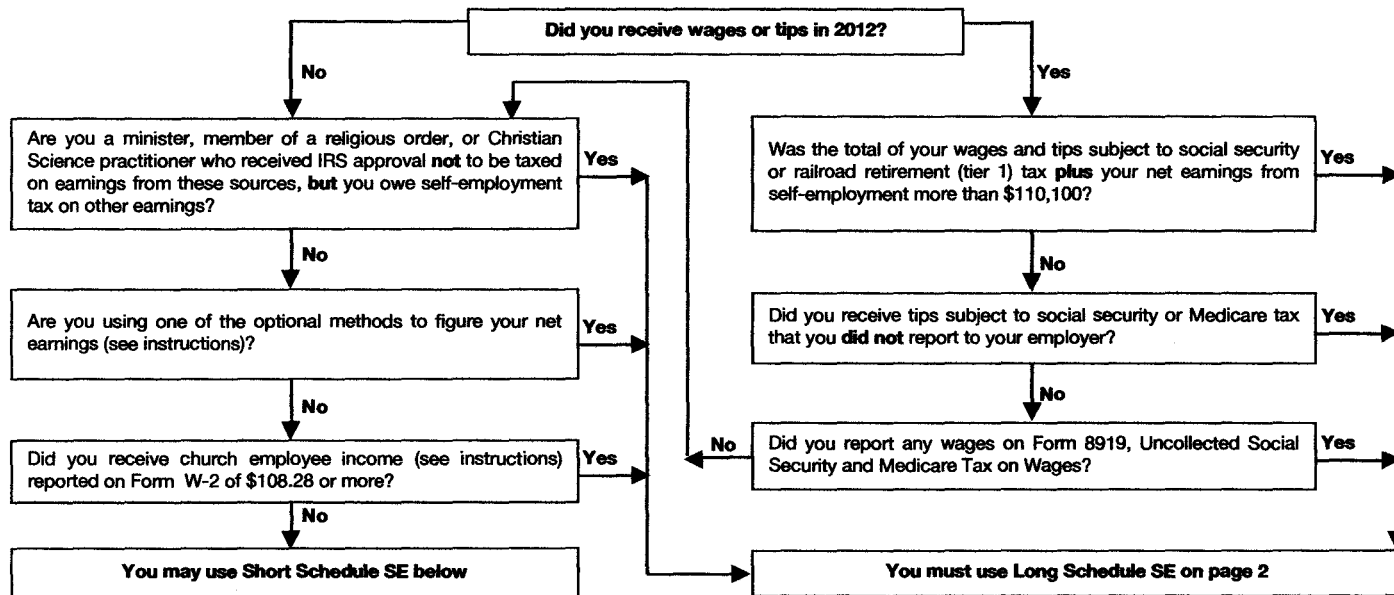
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2012Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040)

Samuel J Pyke

Social security number of person
with self-employment income ►**Before you begin:** To determine if you must file Schedule SE, see the instructions.**May I Use Short Schedule SE or Must I Use Long Schedule SE?****Note.** Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.**Section A—Short Schedule SE. Caution.** Read above to see if you can use Short Schedule SE.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Y	1b	()
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	13,585.
3 Combine lines 1a, 1b, and 2	3	13,585.
4 Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b ► Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4	12,546.
5 Self-employment tax. If the amount on line 4 is: • \$110,100 or less, multiply line 4 by 13.3% (.133). Enter the result here and on Form 1040, line 56 , or Form 1040NR, line 54 • More than \$110,100, multiply line 4 by 2.9% (.029). Then, add \$11,450.40 to the result. Enter the total here and on Form 1040, line 56 , or Form 1040NR, line 54	5	1,669.
6 Deduction for employer-equivalent portion of self-employment tax. If the amount on line 5 is: • \$14,643.30 or less, multiply line 5 by 57.51% (.5751) • More than \$14,643.30, multiply line 5 by 50% (.50) and add \$1,100 to the result. Enter the result here and on Form 1040, line 27 , or Form 1040NR, line 27	6	960.

Depreciation and Amortization **(Including Information on Listed Property)**

OMB No. 1545-0172

2012Attachment
Sequence No. **179**Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Samuel J Pyke

Business or activity to which this form relates

Sch C Video Production

Identifying number

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	0.
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	0.
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	1,639.
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	15,568.
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	1,639.
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 ▶	13	0.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	1,639.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☒ **Yes** ☐ **No** **24b** If "Yes," is the evidence written? ☒ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . 25								
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
Toyota Pickup	06/20/2011	16.80 %				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . 28								
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29								

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles) .	5,041					
31 Total commuting miles driven during the year	0					
32 Total other personal (noncommuting) miles driven	24,959					
33 Total miles driven during the year. Add lines 30 through 32	30,000					
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
	X					
35 Was the vehicle used primarily by a more than 5% owner or related person? . .	X					
36 Is another vehicle available for personal use?		X				

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . .		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2012 tax year (see instructions):					
43 Amortization of costs that began before your 2012 tax year 43					
44 Total. Add amounts in column (f). See the instructions for where to report 44					

Tax Payments Worksheet

2012

► Keep for your records

Name(s) Shown on Return

Samuel J Pyke

Social Security Number

Estimated Tax Payments for 2012 (If more than 4 payments for any state or locality, see Tax Help)

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID
1 04/17/12		04/17/12			04/17/12		
2 06/15/12		06/15/12			06/15/12		
3 09/17/12		09/17/12			09/17/12		
4 01/15/13		01/15/13			01/15/13		
5							
Tot Estimated Payments . . .							

Tax Payments Other Than Withholding (If multiple states, see Tax Help)	Federal	State	ID	Local	ID
6 Overpayments applied to 2012					
7 Credited by estates and trusts					
8 Totals Lines 1 through 7					
9 2012 extensions					

Taxes Withheld From:				Federal	State	Local
10	Forms W-2				9 .	
11	Forms W-2G					
12	Forms 1099-R					
13	Forms 1099-MISC and 1099-G					
14	Schedules K-1					
15	Forms 1099-INT, DIV and OID					
16	Social Security and Railroad Benefits					
17	Form 1099-B	St	Loc			
18 a	Other withholding	St	Loc			
b	Other withholding	St	Loc			
c	Other withholding	St	Loc			
d	Positive Adjustment	St	Loc			
e	Negative Adjustment	St	Loc			
19	Total Withholding Lines 10 through 18e				9 .	
20	Total Tax Payments for 2012				9 .	

Prior Year Taxes Paid In 2012 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2011 extensions				
22	2011 estimated tax paid after 12/31/11				
23	Balance due paid with 2011 return				
24	Other (amended returns, installment payments, etc)				

Federal Carryover Worksheet

2012

► Keep for your records

Name(s) Shown on Return Samuel J Pyke	Social Security Number <div style="background-color: black; width: 100px; height: 1.2em; margin-top: 5px;"></div>
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2011 State and Local Income Tax Information (See Tax Help)

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
Totals . .						

Other Tax and Income Information

Other Tax and Income Information		2011	2012
1 Filing status	1		1 Single
2 Number of exemptions for blind or over 65 (0 - 4)	2		
3 Itemized deductions	3		9.
4 Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5 Adjusted gross income	5		12,969.
6 Tax liability for Form 2210 or Form 2210-F	6		1,992.
7 Alternative minimum tax	7		
8 Federal overpayment applied to next year estimated tax	8		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions

Excess Contributions		2011	2012
9 a Taxpayer's excess Archer MSA contributions as of 12/31	9 a		
b Spouse's excess Archer MSA contributions as of 12/31	b		
10 a Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a		
b Spouse's excess Coverdell ESA contributions as of 12/31	b		
11 a Taxpayer's excess HSA contributions as of 12/31	11 a		
b Spouse's excess HSA contributions as of 12/31	b		

Loss and Expense Carryovers

Note: Enter all entries as a positive amount

Loss and Expense Carryovers		2011	2012
12 a Short-term capital loss	12 a		
b AMT Short-term capital loss	b		
13 a Long-term capital loss	13 a		
b AMT Long-term capital loss	b		
14 a Net operating loss available to carry forward	14 a		
b AMT Net operating loss available to carry forward	b		
15 a Investment interest expense disallowed	15 a		
b AMT Investment interest expense disallowed	b		
16 Nonrecaptured net Section 1231 losses from:	16 a		
a 2012	a		
b 2011	b		
c 2010	c		
d 2009	d		
e 2008	e		
f 2007	f		

Samuel J Pyke

Loss and Expense Carryovers (cont'd)				2011	2012												
17	AMT Nonrecap'd net Sec 1231 losses from:	<table border="1"> <tr><td>a</td><td>2012 . . .</td></tr> <tr><td>b</td><td>2011 . . .</td></tr> <tr><td>c</td><td>2010 . . .</td></tr> <tr><td>d</td><td>2009 . . .</td></tr> <tr><td>e</td><td>2008 . . .</td></tr> <tr><td>f</td><td>2007 . . .</td></tr> </table>	a	2012 . . .	b	2011 . . .	c	2010 . . .	d	2009 . . .	e	2008 . . .	f	2007 . . .	17 a		
a	2012 . . .																
b	2011 . . .																
c	2010 . . .																
d	2009 . . .																
e	2008 . . .																
f	2007 . . .																
			b														
			c														
			d														
			e														
			f														
Credit Carryovers				2011	2012												
18	General business credit		18														
19	Adoption credit from: a 2012		19 a														
20	Mortgage interest credit from:	<table border="1"> <tr><td>a</td><td>2012</td></tr> <tr><td>b</td><td>2011</td></tr> <tr><td>c</td><td>2010</td></tr> <tr><td>d</td><td>2009</td></tr> </table>	a	2012	b	2011	c	2010	d	2009	20 a						
a	2012																
b	2011																
c	2010																
d	2009																
			b														
			c														
			d														
21	Credit for prior year minimum tax		21														
22	District of Columbia first-time homebuyer credit		22														
23	Residential energy efficient property credit		23														
Other Carryovers				2011	2012												
24	Section 179 expense deduction disallowed		24		0.												
25	Excess	a Taxpayer (Form 2555, line 46)	25 a														
	foreign	b Taxpayer (Form 2555, line 48)	b														
	housing	c Spouse (Form 2555, line 46)	c														
	deduction:	d Spouse (Form 2555, line 48)	d														

Charitable Contribution Carryovers

26	2011 Carryover of charitable contributions from:	Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2011				
b	2010				
c	2009				
d	2008				
e	2007				
27	2012 Carryover of charitable contributions from:	Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2012				
b	2011				
c	2010				
d	2009				
e	2008				
28	Amount overpaid less earned income credit				

2011 State Capital Loss Carryovers (For users not transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

Electronic Filing Instructions for your 2012 Oregon Tax Return

Important: Your taxes are not finished until all required steps are completed.

Turbotax 

Samuel J Pyke
17495 Ivy Ln
Sisters, OR 97759

**Balance
Due/
Refund**

Your Oregon state tax return (Form 40) shows a balance due of \$545.00. Mail your completed Form 40-V with included payment made payable to the Oregon Department of Revenue by April 15, 2013. Make sure you sign your check and write your daytime telephone number and 2012 on the check.

**No
Signature
Document
Needed**

No signature form is required since you signed your return electronically.

**What You
Need to
Mail**

Your return shows a balance due of \$545.00. Mail your completed Form 40-V with included payment of \$545.00 made payable to Oregon Department of Revenue by April 15, 2013 to:

Mail to:

Oregon Department of Revenue
PO Box 14720
Salem, OR 97309-0463

Do not mail Form 40-V with payment until your return has been ACCEPTED for electronic filing by the Oregon Department of Revenue.

**What You
Need to
Keep**

Your Electronic Filing Instructions (this form)
Printed copy of your state and federal returns
State copies of Forms W-2, W-2G, 1099-G, and any other 1099s
Copy of another state's return and proof of tax payment, if applicable
Proof of payment of a political contribution, if applicable

**2012
Oregon
Tax
Return
Summary**

Taxable Income	\$	10,621.00
Total Tax	\$	554.00
Total Payments/Credits	\$	9.00
Payment Due	\$	545.00

Where to mail
Oregon Income Tax Payment Voucher, Form 40-V

If you filed your return:	Mail to:
On paper	PO Box 14555 Salem OR 97309-0940
With a 2-D barcode or electronically	PO Box 14720 Salem OR 97309-0463

Don't use Form 40-V if you are using an electronic payment option.

Use the voucher only if you are paying by check or money order.

Complete the form below using your computer.

**After you have printed it, cut along the dotted line and
mail to the Department of Revenue at the addresses shown above.**

Note:

If, when typing, you see a solid box instead of letters or numbers,
adjust the view size to 100 percent. If the letters or numbers still are not visible,
press the tab key.

▼ Detach Here

Detach Here ▼

1555 REV 11/13/12 TTMAC

OREGON INCOME TAX PAYMENT VOUCHER

150-101-172 (Rev. 12-12)

FORM

40-V

Department of Revenue Use Only

Fiscal Year Ending _____

• **Payment Type** (check only one):

Check if: ☐ First time Oregon filer
☐ New name or address

☒ **2012 Return** ☐ Amended—Tax Year: _____ ☐ Prior Tax Year: _____

Daytime telephone number: 541-678-2018

Enter Payment Amount

Last name	First name and initial	SSN
PYKE	SAMUEL J	[REDACTED]
Spouse's/RDP's last name if joint payment	Spouse's/RDP's first name and initial	Spouse's/RDP's SSN if joint payment

\$

545.00

Current mailing address	City	State	ZIP code
17495 IVY LN	SISTERS	OR	97759

DO NOT WRITE IN THESE SPACES

Amended return <input type="checkbox"/> Form 40	OREGON INDIVIDUAL INCOME TAX RETURN Full-Year Residents Only	2012 <small>Fiscal year ending</small>	For office use only
			<div style="display: flex; justify-content: space-around; border-bottom: 1px solid black;"> KFPJ </div>
PYKE 17495 IVY LN SISTERS USA		SAMUEL J DOB 09/01/1988 DOB PHONE 541-678-2018 OR 97759 FOR COMPUTER USE ONLY	<input type="checkbox"/> DECEASED <input type="checkbox"/> DECEASED <input type="checkbox"/> EXTENSION FILED <input type="checkbox"/> 8886 <input type="checkbox"/> NEW NAME/ADDRESS <input type="checkbox"/> CLAIMED/DEPENDENT
FILING STATUS: SINGLE SPOUSE: PARTNER: QUALIFYING NAME: EXEMPTIONS: 6A SELF: <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> DISABLED 6B SPOUSE/RDP: <input type="checkbox"/> REGULAR <input type="checkbox"/> DISABLED 6C ALL DEPENDENTS: 6D DISABLED CHILDREN ONLY: 6E TOTAL EXEMPTIONS: 7A SELF : <input type="checkbox"/> 65 OR OLDER <input type="checkbox"/> BLIND SPOUSE/RDP: <input type="checkbox"/> 65 OR OLDER <input type="checkbox"/> BLIND			

8 Federal adjusted gross income. Federal Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10. See instructions, page 13 • 8 12,969 Round to the nearest dollar

9 Interest and dividends on state and local government bonds outside of Oregon... • 9			
10 Other additions. Identify: • 10x • 10y \$ 10z <input type="checkbox"/> • 10			
11 Total additions. Add lines 9 and 10 • 11			
12 Income after additions. Add lines 8 and 11 • 12			12,969

13 2012 federal tax liability (\$0-\$6,100 ; see instructions for the correct amount) • 13		323	
14 Social Security included on federal Form 1040, line 20b; or Form 1040A, line 14b... • 14			
15 Oregon income tax refund included in federal income..... • 15			
16 Interest from U.S. government, such as Series EE, HH, and I bonds • 16			
17 Federal pension income. See instructions, page 15. 17a 17b ... • 17			
18 Other subtractions. Identify: • 18x • 18y \$ 18z <input type="checkbox"/> • 18			
19 Total subtractions. Add lines 13 through 18 • 19		323	
20 Income after subtractions. Line 12 minus line 19 • 20			12,646

21 Itemized deductions from federal Schedule A, line 29 • 21			
22 Special Oregon medical deduction (age restricted, see instructions, page 17) • 22			
23 Total Oregon itemized deductions. Add lines 21 and 22..... • 23			
24 State income tax claimed as an itemized deduction • 24			
25 Net Oregon itemized deductions. Line 23 minus line 24..... • 25			
OR			
26 Standard deduction from page 17..... • 26		2,025	
27 Total deductions. Line 25 or line 26, whichever is larger..... • 27			2,025
28 Oregon taxable income. Line 20 minus line 27. If line 27 is more than line 20, enter -0- • 28			10,621

29 Tax. See instructions, page 18. Enter tax here..... • 29		737	
Check if tax is from: 29a <input checked="" type="checkbox"/> Tax tables or charts or • 29b <input type="checkbox"/> Form FIA-40 or • 29c <input type="checkbox"/> Worksheet FCG			
30 Interest on certain installment sales..... • 30			
31 Total tax before credits. Add lines 29 and 30 • 31			737

32 Total tax before credits from front of form, line 31.....		32	737
33 Exemption credit. If the amount on line 8 is less than \$130,250, multiply your total exemptions on line 6e by \$183. Otherwise, see instructions on page 18..... • 33			
		183	
34 Retirement income credit. See instructions, page 19..... • 34			
35 Child and dependent care credit. See instructions, page 20..... • 35			
36 Credit for the elderly or the disabled. See instructions, page 20..... • 36			
37 Political contribution credit. See limits, page 23..... • 37			
Include proof	38 Credit for income taxes paid to another state. State: • 38y <input type="text"/> 38z <input type="checkbox"/> • 38		
	39 Other credits. Identify: • 39x <input type="text"/> • 39y \$ <input type="text"/> 39z <input type="checkbox"/> • 39		
40 Total non-refundable credits. Add lines 33 through 39..... • 40		183	
41 Net income tax. Line 32 minus line 40. If line 40 is more than line 32, enter -0-..... • 41		554	
42 Oregon income tax withheld. Include Form(s) W-2 and 1099 • 42			
43 Estimated tax payments for 2012 and payments made with your extension • 43		9	
• 43a <input type="checkbox"/> Wolf depredation • 43b <input type="checkbox"/> Claim of right			
Include Schedule WFC if you claim this credit	44 Earned income credit. See instructions, page 24 • 44		
	45 from WFC, line 18..... • 45		
46 Mobile home park closure credit. Include Schedule MPC..... • 46			
47 Total payments and refundable credits. Add lines 42 through 46..... • 47		9	
48 If line 41 is less than line 47, you overpaid. Line 47 minus line 41 • 48			
49 If line 41 is more than line 47, you have tax to pay. Line 41 minus line 47 • 49		545	
50 Penalty and interest for filing or paying late. See instructions, page 25..... 50			
51 Interest on underpayment of estimated tax. Include Form 10 and check box <input type="checkbox"/> • 51			
Exception # from Form 10, line 1 • 51a <input type="text"/> Check box if you annualized • 51b <input type="checkbox"/>			
52 Total penalty and interest due. Add lines 50 and 51..... 52			
53 Line 49 plus line 52 • 53		545	
54 Is line 48 more than line 52? If so, line 48 minus line 52 • 54			
55 Fill in the part of line 54 you want applied to 2013 estimated tax ... • 55			
Prevent Child Abuse • 56		Alzheimer's Disease Research • 57	
Stop Dom. & Sexual Violence • 58		Habitat for Humanity • 59	
OR Head Start Association • 60		OR Military Financial Assist. • 61	
Oregon Historical Society • 62		Oregon Food Bank • 63	
Albertina Kerr Kid's Crisis Care • 64		American Red Cross • 65	
Charity code • 66a <input type="text"/> • 66b <input type="text"/>		Charity code • 67a <input type="text"/> • 67b <input type="text"/>	
See instructions	68 Political party \$3 checkoff. Party code: • 68a <input type="text"/> You • 68b <input type="text"/> Spouse/RDP..... • 68		
	69 Total Oregon 529 College Savings Plan deposits. See instructions, page 26..... • 69		
70 Total. Add lines 55 through 69. Total can't be more than your refund on line 54..... • 70			
71 Line 54 minus line 70. This is your net refund • 71			

72 For direct deposit of your refund, see instructions, page 26. • **Type of account:** ☐ Checking or ☐ Savings

• Routing No. • Account No.

Will this refund go to an account outside the United States? • ☐ Yes

Under penalty for false swearing, I declare that the information in this return is true, correct, and complete.			
Date		• License No.	
X		X SELF-PREPARED	
Date		Address Telephone No.	
X			
If you owe, make your check or money order payable to the Write your daytime telephone number and "2012 Oregon Form 40" on your check or money order. on page 19, with this return.			
MAIL RETURNS (NON-2-D BARCODE) TO:		MAIL 2-D BARCODE RETURNS TO:	
Tax-to-Pay:	Refunds and No Tax Due:	Tax-to-Pay:	Refunds and No Tax Due:
Oregon Department of Revenue PO Box 14555 Salem OR 97309-0940	Oregon Department of Revenue PO Box 14700 Salem OR 97309-0930	Oregon Department of Revenue PO Box 14720 Salem OR 97309-0463	Oregon Department of Revenue PO Box 14710 Salem OR 97309-0460

For the year Jan. 1–Dec. 31, 2012, or other tax year beginning , 2012, ending , 20

See separate instructions.

Your first name and initial **Samuel J** Last name **Pyke** Your social security number **[REDACTED]**

If a joint return, spouse's first name and initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. **17495 Ivy Ln** Apt. no. **▲** Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **Sisters OR 97759** Presidential Election Campaign

Foreign country name Foreign province/state/county Foreign postal code Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status

1 ☒ Single 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

2 ☐ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶ 5 ☐ Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a.

b ☐ Spouse

Boxes checked on 6a and 6b **1**

No. of children on 6c who:

• lived with you

• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶ **1**

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here ☐

d Total number of exemptions claimed

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7** **344.**

8a Taxable interest. Attach Schedule B if required **8a**

b Tax-exempt interest. Do not include on line 8a **8b**

9a Ordinary dividends. Attach Schedule B if required **9a**

b Qualified dividends **9b**

10 Taxable refunds, credits, or offsets of state and local income taxes **10**

11 Alimony received **11**

12 Business income or (loss). Attach Schedule C or C-EZ **12** **13,585.**

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ **13**

14 Other gains or (losses). Attach Form 4797 **14**

15a IRA distributions **15a** **15b** Taxable amount **15b**

16a Pensions and annuities **16a** **16b** Taxable amount **16b**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17**

18 Farm income or (loss). Attach Schedule F **18**

19 Unemployment compensation **19**

20a Social security benefits **20a** **20b** Taxable amount **20b**

21 Other income. List type and amount **21**

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ **22** **13,929.**

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Adjusted Gross Income

23 Educator expenses **23**

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24**

25 Health savings account deduction. Attach Form 8889 **25**

26 Moving expenses. Attach Form 3903 **26**

27 Deductible part of self-employment tax. Attach Schedule SE **27** **960.**

28 Self-employed SEP, SIMPLE, and qualified plans **28**

29 Self-employed health insurance deduction **29**

30 Penalty on early withdrawal of savings **30**

31a Alimony paid b Recipient's SSN ▶ **31a**

32 IRA deduction **32**

33 Student loan interest deduction **33**

34 Tuition and fees. Attach Form 8917 **34**

35 Domestic production activities deduction. Attach Form 8903 **35**

36 Add lines 23 through 35 **36** **960.**

37 Subtract line 36 from line 22. This is your adjusted gross income **37** **12,969.**

Tax and Credits		Amount from line 37 (adjusted gross income)		38	12,969.
Standard Deduction for—				39a	
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.		Check if: <input type="checkbox"/> You were born before January 2, 1948, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a			
• All others:		If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b			
Single or Married filing separately, \$5,950		b Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	5,950.
Married filing jointly or Qualifying widow(er), \$11,900		41 Subtract line 40 from line 38		41	7,019.
Head of household, \$8,700		42 Exemptions. Multiply \$3,800 by the number on line 6d.		42	3,800.
		43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	3,219.
		44 Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 962 election		44	323.
		45 Alternative minimum tax (see instructions). Attach Form 6251		45	
		46 Add lines 44 and 45		46	323.
		47 Foreign tax credit. Attach Form 1116 if required		47	
		48 Credit for child and dependent care expenses. Attach Form 2441		48	
		49 Education credits from Form 8863, line 19		49	
		50 Retirement savings contributions credit. Attach Form 8880		50	
		51 Child tax credit. Attach Schedule 8812, if required		51	
		52 Residential energy credits. Attach Form 5695		52	
		53 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>		53	
		54 Add lines 47 through 53. These are your total credits		54	
		55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-		55	323.
Other Taxes		56 Self-employment tax. Attach Schedule SE		56	1,669.
		57 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919		57	
		58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		58	
		59a Household employment taxes from Schedule H		59a	
		b First-time homebuyer credit repayment. Attach Form 5405 if required		59b	
		60 Other taxes. Enter code(s) from instructions		60	
		61 Add lines 55 through 60. This is your total tax		61	1,992.
Payments		62 Federal income tax withheld from Forms W-2 and 1099		62	
		63 2012 estimated tax payments and amount applied from 2011 return		63	
		64a Earned income credit (EIC)		64a	
		b Nontaxable combat pay election 64b			
		65 Additional child tax credit. Attach Schedule 8812		65	
		66 American opportunity credit from Form 8863, line 8		66	
		67 Reserved		67	
		68 Amount paid with request for extension to file		68	
		69 Excess social security and tier 1 RRTA tax withheld		69	
		70 Credit for federal tax on fuels. Attach Form 4136		70	
		71 Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885		71	
		72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments		72	
Refund		73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid		73	
		74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/>		74a	
		Direct deposit? ▶ b Routing number X X X X X X X X X X ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
		▶ d Account number X			
		75 Amount of line 73 you want applied to your 2013 estimated tax ▶ 75			
Amount You Owe		76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions ▶		76	2,028.
		77 Estimated tax penalty (see instructions) 77 36.			
Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No					
Designee's name ▶		Phone no. ▶		Personal identification number (PIN) ▶	
Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					
Your signature		Date	Your occupation Video Producer	Daytime phone number (541) 678-2018	
Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)	
Print/Type preparer's name		Preparer's signature		Date	Check <input type="checkbox"/> if self-employed PTIN
Firm's name ▶ SELF PREPARED			Firm's EIN ▶		
Firm's address ▶			Phone no.		

SAMUEL J PYKE
17495 IVY LANE
SISTERS, OR 97759

Received & Inspected
OCT 24 2013

See separate instructions.
Your social security number
Spouse's social security number

Make sure the SSNs above and on line 6c are correct.
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name
Foreign postal code

Filing Status
1 Single
2 Married filing jointly (even if only one had income)
3 Married filing separately. Enter spouse's SSN above & full name here.
4 Head of household (with qualifying person). (See instructions.)
5 Qualifying widow(er) with dependent child

Exemptions
6a Yourself. If someone can claim you as a dependent, do not check box 6a.
b Spouse
c Dependents:
Boxes checked on 6a and 6b
No. of children

a Employee's social security number		Safe, accurate, FAST! Use		Visit the IRS website at www.irs.gov/efile.		
b Employer identification number (EIN)		1 Wages, tips, other compensation		2 Federal income tax withheld		
THE PATTERSON RANCH		2805.01		114.00		
P.O. BOX 220		3 Social security wages		4 Social security tax withheld		
15425 OLD MCKENZIE HIGHW		2805.01		117.81		
SISTERS OR 97759		5 Medicare wages and tips		6 Medicare tax withheld		
d Control number		2805.01		40.67		
e Employee's name, address, and ZIP code		7 Social security tips		8 Allocated tips		
SAMUEL J PYKE		9		10 Dependent care benefits		
P.O. BOX 1257		11 Nonqualified plans		12a See instructions for box 12		
SISTERS OR 97759		13 Statutory employee Retirement plan Third-party sick pay		12b		
		14 Other		12c		
				12d		
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
OR		2805.01	133.00			

W-2 Wage and Tax Statement

2011

Department of the Treasury—Internal Revenue Service

Form 1040
Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

- 29 Self-employed health insurance deduction
- 30 Penalty on early withdrawal of savings
- 31a Alimony paid b Recipient's SSN
- 32 IRA deduction
- 33 Student loan interest deduction
- 34 Tuition and fees. Attach Form 8917.
- 35 Domestic production activities deduction. Attach Form 8903
- 36 Add lines 23 through 35
- 37 Subtract line 36 from line 22. This is your adjusted gross income

28	
29	
30	
31a	
32	
33	
34	
35	
36	65.
37	3,737.

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 3,737.

39a Check ☐ You were born before January 2, 1947, ☐ Blind. Total boxes
if: ☐ Spouse was born before January 2, 1947, ☐ Blind. checked ☐ 39a

b If your spouse itemizes on a separate return or you were a dual-status alien, check here ☐ 39b

Standard Deduction for -

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instr.

• All others:

Single or Married filing separately, \$5,800

Married filing jointly or Qualifying widow (er), \$11,600

Head of household, \$8,500

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 5,800.

41 Subtract line 40 from line 38 41 (2,063.)

42 Exemptions. Multiply \$3,700 by the number on line 6d 42 3,700.

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 0.

44 Tax Check if any from: a ☐ Form(s) 9814 b ☐ Form 4972 c ☐ 962 election 44 0.

45 Alternative minimum tax (see instructions). Attach Form 6251 45

46 Add lines 44 and 45 46 0.

47 Foreign tax credit. Attach Form 1116 if required 47

48 Credit for child and dependent care expenses. Attach Form 2441 48

49 Education credits from Form 8863, line 23 49

50 Retirement savings contributions credit. Attach Form 8880 50

51 Child tax credit (see instructions) 51

52 Residential energy credits. Attach Form 5695 52

53 Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐ 53

54 Add in 47 through 53. These are your total credits 54

55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- 55 0.

Other Taxes

56 Self-employment tax. Attach Schedule SE 56 113.

57 Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919 57

58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 58

59a Household employment taxes from Schedule H 59a

b First-time homebuyer credit repayment. Attach Form 5405 if required 59b

60 Other taxes. Enter code(s) from instructions 60

61 Add lines 55 through 60. This is your total tax 61 113.

Payments

62 Federal income tax withheld from Forms W-2 and 1099 62 114.

63 2011 estimated tax payments and amount applied from 2010 return 63

64a Earned income credit (EIC) NO 64a

b Nontaxable combat pay election 64b

65 Additional child tax credit. Attach Form 8812 65

66 American opportunity credit from Form 8863, line 14 66

67 First-time homebuyer credit from Form 5405, line 10 67

68 Amount paid with request for extension to file 68

69 Excess social security and tier 1 RRTA tax withheld 69

70 Credit for federal tax on fuels. Attach Form 4136 70

71 Credits from Form: a ☐ 2439 b ☐ 8839 c ☐ 8801 d ☐ 8885 71

72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments 72 114.

Refund

73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid 73 1.

74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ☐ 74a 1.

Direct deposit? See instructions.

b Routing number XXXXXXXX c Type: ☐ Checking ☐ Savings

d Account number XXXXXXXXXXXXXXXX

75 Amount of line 73 you want applied to your 2012 estimated tax 75

Amount You Owe

76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions 76

77 Estimated tax penalty (see instructions) 77

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete below. ☒ No

Designee's name

Phone no.

Personal ID number

(PIN) ☐

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

Daytime phone number

Joint return? See instructions. Keep a copy for your records.

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

If the IRS sent you an ID Protection PIN, enter it here (see inst.)

Paid

Preparer Use Only

Print/Type preparer's name

DANIEL WADOSKY

Preparer's signature

Date

04/16/2012

Check ☐ if self-employed

PTIN

Firm's name ☒ H AND R BLOCKFirm's EIN ☒Firm's address ☒ BEND, OR 97702

Phone no. (541) 617-5882

Preparer Explanation for Not Filing Electronically

OMB No. 1545-2200

As of December 2, 2011

Department of the Treasury
Internal Revenue Service

► Attach to taxpayer's Form 1040, 1040A, 1040EZ, or Form 1041.

Attachment
Sequence No. **173**

Name(s) shown on return

SAMUEL J PYKE

Taxpayer's identifying number

Three out of four taxpayers now use IRS e-file. Go to www.irs.gov/efile for details on using IRS e-file. The benefits of electronic filing include the following.

- Faster refunds
- Secure transmissions
- E-payment options
- More accurate returns
- Easier filing method
- Receipt acknowledged

Check the applicable box to indicate the reason this return is not being filed electronically. Do not check more than one box.

1 ☒ Taxpayer chose to file this return on paper.

2 ☐ The preparer received a waiver from the requirement to electronically file the tax return.

Waiver Reference Number _____ Approval Letter Date _____

3 ☐ The preparer is a member of a recognized religious group that is conscientiously opposed to filing electronically.

4 ☐ This return was rejected by IRS e-file and the reject condition could not be resolved.

Reject code: _____ Number of attempts to resolve reject: _____

5 ☐ The preparer's e-file software package does not support Form _____ or Schedule _____ attached to this return.

6 Check the box that applies and provide additional information if requested.

a ☐ The preparer is ineligible to file electronically because IRS e-file does not accept foreign preparers without social security numbers who live and work abroad.

b ☐ The preparer is ineligible to participate in IRS e-file.

c ☐ Other: Describe below the circumstances that prevented the preparer from filing this return electronically.

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2011

Attachment
Sequence No. **09**

- For information on Schedule C and its instructions, go to www.irs.gov/schedulec
- Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor SAMUEL J PYKE		Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see instructions) VIDEO PRODUCTION : VIDEO PRODUCTS		B Enter code from instructions ▶ 515000
C Business name. If no separate business name, leave blank. HILL SHADOW PICTURES		D Employer ID number (EIN), (see instr.)
E Business address (including suite or room no.) ▶ 17495 IVY LANE City, town or post office, state, and ZIP code SISTERS, OR 97759		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2011? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2011, check here <input checked="" type="checkbox"/>		
I Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file all required Forms 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Income

1a Merchant card and third party payments. For 2011, enter - 0-	1a		ATTACHMENT
b Gross receipts or sales not entered on line 1a (see instructions)	1b	4,264.	
c Income reported to you on Form W-2 if the "Statutory Employee" box on that form was checked. Caution. See instr. before completing this line.	1c		
d Total gross receipts. Add lines 1a through 1c	1d	4,264.	
2 Returns and allowances plus any other adjustments (see instructions)	2		
3 Subtract line 2 from line 1d	3	4,264.	
4 Cost of goods sold (from line 42)	4		
5 Gross profit. Subtract line 4 from line 3	5	4,264.	
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6		
7 Gross income. Add lines 5 and 6	7	4,264.	

Expenses

Enter expenses for business use of your home only on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	22.
9 Car and truck expenses (see instructions)	9	506.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instr.)	13	1,639.	21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	705.
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	155.
b Other	16b	231.	b Deductible meals and entertainment (see instructions)	24b	5.
17 Legal and professional services	17		25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	78.
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	3,341.			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	923.			
30 Expenses for business use of your home. Attach Form 8829. Do not report such expenses elsewhere	30				
31 Net profit or (loss). Subtract line 30 from line 29.	31	923.			
<ul style="list-style-type: none"> If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. If you entered an amount on line 1c, see instr. Estates and trusts, enter on Form 1041, line 3. If a loss, you must go to line 32. 					
32 If you have a loss, check the box that describes your investment in this activity (see instructions).					
<ul style="list-style-type: none"> If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. If you entered an amount on line 1c, see the instructions for line 31. Estates and trusts, enter on Form 1041, line 3. If you checked 32b, you must attach Form 6198. Your loss may be limited. 			32a <input type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.		

KBA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule C (Form 1040) 2011

33 Method used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____

44 Of the total number of miles you drove your vehicle during 2011, enter the number of miles you used your vehicle for:
a Business _____ b Commuting (see instructions) _____ c Other _____

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

Other Expenses. List below business expenses not included on lines 8-26 or line 30.

POSTAGE	28.
LICENSE	50.
48 Total other expenses. Enter here and on line 27a.	78.

Self-Employment Tax

► Attach to Forms 1040 or Forms 1040NR. ► See separate instructions.

Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040)

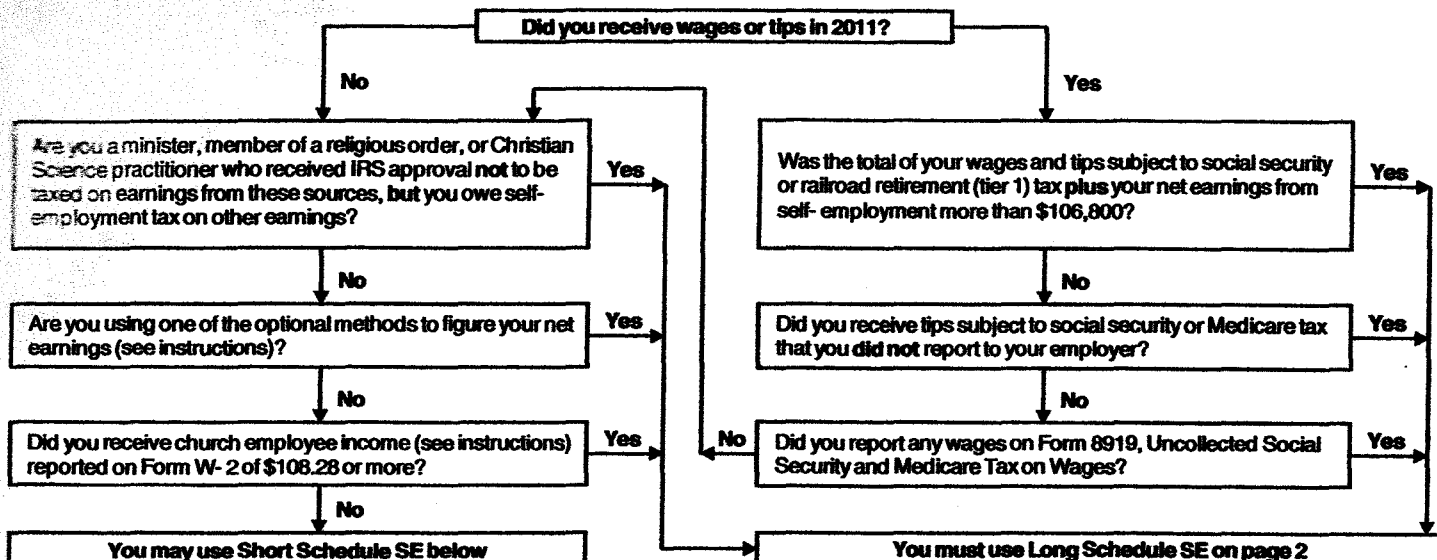
Social security number of person
with self-employment income ►

SAMUEL J. PYKE

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE in the instructions.



Section A - Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	0 .
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Y	1b	()
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	923 .
3	Combine lines 1a, 1b, and 2	3	923 .
4	Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b	4	852 .
<p>Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.</p>			
5	<p>Self-employment tax. If the amount on line 4 is:</p> <ul style="list-style-type: none"> • \$106,800 or less, multiply line 4 by 13.3% (.133). Enter the result here and on Form 1040, line 56, or Form 1040NR, line 54 • More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$11,107.20 to the result. <p>Enter the total here and on Form 1040, line 56, or Form 1040NR, line 54</p>	5	113 .
6	<p>Deduction for employer-equivalent portion of self-employment tax.</p> <p>If the amount on line 5 is:</p> <ul style="list-style-type: none"> • \$14,204.40 or less, multiply line 5 by 57.51% (.5751) • More than \$14,204.40, multiply line 5 by 50% (.50) and add 1,067 to the result. <p>Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27</p>	6	65 .

KBA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule SE (Form 1040) 2011

Part Preparer's Earned Income Credit Checklist

OMB No. 1545-1629

2011

Sequence No. 477

Department of the Treasury
Internal Revenue Service

▶ For more information about Form 8867, see www.irs.gov/form8867
 ▶ To be completed by preparer and filed with Form 1040, 1040A, or 1040EZ.

Taxpayer names shown on return

SAMUEL J PYKE

Taxpayer's social security number

For the definitions of the following terms, see Pub. 596.

• Investment Income • Qualifying Child • Earned Income • Full-time Student

All Taxpayers

1 Enter preparer's name and PTIN ▶ **DANIEL WADOSKY P00027912**

2 Is the taxpayer's filing status married filing separately? ☐ Yes ☒ No

▶ If you checked "Yes" on line 2, stop; the taxpayer cannot take the EIC. Otherwise, continue.

3 Does the taxpayer (and the taxpayer's spouse if filing jointly) have a social security number (SSN) that allows him or her to work or is valid for EIC purposes? See the instructions before answering ☒ Yes ☐ No

▶ If you checked "No" on line 3, stop; the taxpayer cannot take the EIC. Otherwise, continue.

4 Is the taxpayer filing Form 2555 or Form 2555-EZ (relating to the exclusion of foreign earned income)? ☐ Yes ☒ No

▶ If you checked "Yes" on line 4, stop; the taxpayer cannot take the EIC. Otherwise, continue.

5a Was the taxpayer a nonresident alien for any part of 2011? ☐ Yes ☒ No

▶ If you checked "Yes" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.

b Is the taxpayer's filing status married filing jointly? ☐ Yes ☐ No

▶ If you checked "Yes" on line 5a and "No" on line 5b, stop; the taxpayer cannot take the EIC. Otherwise, continue.

6 Is the taxpayer's investment income more than \$3,150? See Rule 6 in Pub. 596 before answering ☐ Yes ☒ No

▶ If you checked "Yes" on line 6, stop; the taxpayer cannot take the EIC. Otherwise, continue.

7 Could the taxpayer, or the taxpayer's spouse if filing jointly, be a qualifying child of another person for 2011? If the taxpayer's filing status is married filing jointly, check "No". Otherwise, see Rule 10 (Rule 13 if the taxpayer does not have a qualifying child) in Pub. 596 before answering ☐ Yes ☒ No

▶ If you checked "Yes" on line 7, stop; the taxpayer cannot take the EIC. Otherwise, go to Part II or Part III, whichever applies.

KBA For Paperwork Reduction Act Notice, see page 4.

Form 8867 (2011)

Information provided by: **SAMUEL J PYKE**
 Information provided in person.

Date information provided: **04/04/2012**

16 Was the taxpayer's main home, and the main home of the taxpayer's spouse if filing jointly, in the United States for more than half the year? Military personnel on extended active duty outside the United States are considered to be living in the United States during that duty period. See Pub. 596.)

☒ Yes ☐ No

▶ If you checked "No" on line 16, stop; the taxpayer cannot take the EIC. Otherwise, continue.

17 Was the taxpayer, or the taxpayer's spouse if filing jointly, at least age 25 but under age 65 at the end of 2011?

☐ Yes ☒ No

▶ If you checked "No" on line 17, stop; the taxpayer cannot take the EIC. Otherwise, continue.

18 Is the taxpayer, or the taxpayer's spouse if filing jointly, eligible to be claimed as a dependent on anyone else's federal income tax return for 2011? If the taxpayer's filing status is married filing jointly, check "No"

☐ Yes ☐ No

▶ If you checked "Yes" on line 18, stop; the taxpayer cannot take the EIC. Otherwise, continue.

19 Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for 2011? See Pub. 596 for the limit

☐ Yes ☐ No

▶ If you checked "No" on line 19, stop; the taxpayer cannot take the EIC. If you checked "Yes" on line 19, the taxpayer can take the EIC. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to find out if Form 8862 must be filed. Go to line 20.

Due Diligence Requirements

20 Did you complete Form 8867 based on current information provided by the taxpayer or reasonably obtained by you?

☒ Yes ☐ No

21 Did you complete the EIC worksheet found in the Form 1040, 1040A, or 1040EZ instructions (or your own worksheet that provides the same information as the 1040, 1040A, or 1040EZ worksheet)?

☒ Yes ☐ No

22 Did you comply with knowledge requirements? (To comply with the knowledge requirements, you must not know or have reason to know that any information used to determine the taxpayer's eligibility for, and the amount of, the EIC is incorrect. You may not ignore the implications of information furnished to or known by you, and you must make reasonable inquiries if the information furnished appears to be incorrect, inconsistent, or incomplete. At the time you make these inquiries, you must document in your files the inquiries you made and the responses you received.)

☒ Yes ☐ No

23 Did you keep the following records?

- Form 8867,
- The EIC worksheet(s) or your own worksheet(s),
- A record of how, when, and from whom the information used to prepare the form and worksheet(s) was obtained, and
- Copies of any documents provided by the taxpayer and on which you relied to complete the form and the worksheet

☒ Yes ☐ No

▶ If you checked "Yes" on lines 20, 21, 22, and 23, submit Form 8867 in the manner required, and keep the records described on line 23 for 3 years (see instructions), you have complied with all the due diligence requirements.

▶ If you checked "No" on lines 20, 21, 22, or 23, you have not complied with all the due diligence requirements and may have to pay a \$500 penalty for each failure to comply.

Depreciation and Amortization (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

2011

Attachment
Sequence No. **179**

Department of the Treasury
Internal Revenue Service 4562

Name shown on return

Business or activity to which this form relates

CAROL J PYKE

SCH C HILL SHADOW PICTURES VID

Identifying number

Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		8,192	5HY		200 DB	1,639
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year		12 yrs.		S/L	
c 40-year		40 yrs.		S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 23	21	
22	Total. Add amounts from line 12, lines 14 through 17, line 18 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnership and S corporations - see instructions	22	1,639
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

KBA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2011)

For property which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, and 24c through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								24b If "Yes," is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								25	
26 Property used more than 50% in a qualified business use:									
1989 TOYOTA	06/15/11	100.0%							
		%							
		%							
27 Property used 50% or less in a qualified business use:									
		%				S/L-			
		%				S/L-			
		%				S/L-			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29	

Section B- Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles)	911					
31 Total commuting miles driven during the year	0					
32 Total other personal (noncommuting) miles driven	0					
33 Total miles driven during the year. Add lines 30 through 32	911					
34 Was the vehicle available for personal use during off-duty hours?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
35 Was the vehicle used primarily by a more than 5% owner or related person?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
36 Is another vehicle available for personal use?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section C- Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes <input type="checkbox"/> No <input type="checkbox"/>
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	Yes <input type="checkbox"/> No <input type="checkbox"/>
39 Do you treat all use of vehicles by employees as personal use?	Yes <input type="checkbox"/> No <input type="checkbox"/>
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?	Yes <input type="checkbox"/> No <input type="checkbox"/>
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions):					
43 Amortization of costs that began before your 2011 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Election Not to Take Special Depreciation Allowance

The above taxpayer(s) elect not to have the additional special depreciation allowance apply to the following classes of property:

3 Year	<input type="checkbox"/>
5 Year	<input checked="" type="checkbox"/>
7 Year	<input type="checkbox"/>
10 Year	<input type="checkbox"/>
15 Year	<input type="checkbox"/>
20 Year	<input type="checkbox"/>
Autos and other listed property used more than 50% in a qualified business use	<input checked="" type="checkbox"/>
Residential Rental Property	<input type="checkbox"/>
Non-Residential Real Property	<input type="checkbox"/>

SSN: [REDACTED]

SCHEDULE C - HILL SHADOW PICTURES

LINE 1B - GROSS RECEIPTS OR SALES/EARNINGS NOT REPORTED ON LINE 1A

Description	Amount
GARY LEWIS OUTDOORS	2,450
GUIDES CHOICE	500
SISTERS REALTY	500
WINTERLAND RANCH	510
FACEOUT	304

TOTAL	4,264

2011

OREGON INCOME TAX RETURN

Full-Year Residents Only

40

Fiscal year ending

K F P J

PYKE

SAMUEL

J

DOB 09/01/1988

DOB

PHONE 541-678-2018

17495 IVY LANE

SISTERS

OR 97759

☐ NEW NAME/ADDRESS

DECEASED

DECEASED

EXTENSION FILED

8886

CLAIMED/DEPENDENT

FOR COMPUTER USE ONLY

FILING STATUS: SINGLE

1

SPOUSE:

PARTNER:

QUALIFYING NAME:

EXEMPTIONS:

6A SELF: ☒ REGULAR ☐ DISABLED

1

6B SPOUSE/RDP: ☐ REGULAR ☐ DISABLED

6C ALL DEPENDENTS:

0

6D DISABLED CHILDREN ONLY:

0

6E TOTAL EXEMPTIONS:

1

7A SELF: ☐ 65 OR OLDER ☐ BLINDSPOUSE/RDP: ☐ 65 OR OLDER ☐ BLIND

8 Federal adjusted gross income. Federal Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10. See instructions, page 13

Round to the nearest dollar

• 8 3,737

ADDITIONS

9 Interest and dividends on state and local government bonds outside of Oregon • 9

10 Other additions. Identify: • 10 Schedule included 10z • 10

11 Total additions. Add lines 9 and 10 • 11

12 Income after additions. Add lines 8 and 11 • 12 3,737

SUBTRACTIONS

Include proof of withholding (W-2s, 1099s), payment, and payment voucher

13 2011 federal tax liability (\$0 - \$5,950; see instructions for the correct amount) • 13

14 Social Security included on federal Form 1040, line 20b; or Form 1040A, line 14b • 14

15 Oregon income tax refund included in federal income • 15

16 Interest from U.S. government, such as Series EE, HH, and I bonds • 16 24

17 Federal pension income. See instructions, page 15. 17a % 17b % • 17

18 Other subtractions. Identify: • 18 Schedule included 18z • 18

19 Total subtractions. Add lines 13 through 18 • 19 24

20 Income after subtractions. Line 12 minus line 19 • 20 3,713

DEDUCTIONS

If you are claiming itemized deductions, fill in lines 21-25. If you are claiming the standard deduction, fill in line 26 only.

21 Itemized deductions from federal Schedule A, line 29 • 21

22 Special Oregon medical deduction (age restricted, see instructions, page 17) • 22

23 Total Oregon itemized deductions. Add lines 21 and 22 • 23

24 State income tax claimed as an itemized deduction • 24

25 Net Oregon itemized deductions. Line 23 minus line 24 • 25

OR

26 Standard deduction from page 17 • 26 1,980

27 Total deductions. Line 25 or line 26, whichever is larger • 27 1,980

28 Oregon taxable income. Line 20 minus line 27. If line 27 is more than line 20, enter -0- • 28 1,733

Either line 25 or 26

TAX

29 Tax. See instructions, page 18. Enter tax here. • 29 88

Check if tax is from: 29a ☒ Tax tables or charts or • 29b ☐ Form FIA-40 or • 29c ☐ Worksheet FCG

30 Interest on certain installment sales • 30

31 Total tax before credits. Add lines 29 and 30. OREGON TAX BEFORE CREDITS • 31 88

		88														
<p>33 Charitable contributions credit. Enter the amount from line 32, multiply by 30% (0.30). Otherwise, see instructions on page 18 • 33</p>																
		179														
34 Refundable credits. See instructions, page 19 • 34																
35 Child tax credit. See instructions, page 20 • 35																
36 Disability credit for the elderly or the disabled. See instructions, page 20 • 36																
37 Political contribution credit. See limits, page 23 • 37																
38 Credit for income taxes paid to another state. State: • 38y <input type="text"/> Schedule included 38z <input type="text"/> • 38																
39 Other credits. Identify: • 39x <input type="text"/> • 39y <input type="text"/> Schedule included 39z <input type="text"/> • 39																
40 Total non-refundable credits. Add lines 33 through 39 • 40		179														
41 Net income tax. Line 32 minus line 40. If line 40 is more than line 32, enter - 0- • 41		0														
42 Oregon income tax withheld. Include Form(s) W-2 and 1099 • 42		133														
43 Estimated tax payments for 2011 and payments made with your extension • 43																
44 Earned income credit. See instructions, page 25 • 44																
45 Working family child care credit from WFC, line 18 • 45																
46 Mobile home park closure credit. Include Schedule MPC • 46																
47 Total payments and refundable credits. Add lines 42 through 46 • 47		133														
48 Overpayment. If line 41 is less than line 47, you overpaid. Line 47 minus line 41 OVERPAYMENT → • 48		133														
49 Tax to pay. If line 41 is more than line 47, you have tax to pay. Line 41 minus line 47 TAX TO PAY → • 49		0														
50 Penalty and interest for filing or paying late. See instructions, page 25 • 50																
51 Interest on underpayment of estimated tax. Include Form 10 and check box. <input type="checkbox"/> • 51																
Exception # from Form 10, line 1 • 51a <input type="text"/> Check box if you annualized • 51b <input type="checkbox"/>																
52 Total penalty and interest due. Add lines 50 and 51 • 52																
53 Amount you owe. Line 49 plus line 52 AMOUNT YOU OWE → • 53																
54 Refund. Is line 48 more than line 52? If so, line 48 minus line 52 REFUND → • 54		133														
55 Estimated tax. Fill in the part of line 54 you want applied to 2012 estimated tax • 55																
<table border="0" style="width:100%;"> <tr> <td style="width:50%;"> 56 Oregon Nongame Wildlife • 56 <input type="text"/></td> <td style="width:50%;"> 57 Prevent Child Abuse • 57 <input type="text"/></td> </tr> <tr> <td>58 Alzheimer's Disease Research • 58 <input type="text"/></td> <td>59 Stop Dom. & Sexual Violence • 59 <input type="text"/></td> </tr> <tr> <td>60 AIDS/HIV Education & Svcs. • 60 <input type="text"/></td> <td>61 Habitat for Humanity • 61 <input type="text"/></td> </tr> <tr> <td>62 OR Head Start Association • 62 <input type="text"/></td> <td>63 OR Military Financial Assist. • 63 <input type="text"/></td> </tr> <tr> <td>64 Oregon Historical Society • 64 <input type="text"/></td> <td>65 Oregon Food Bank • 65 <input type="text"/></td> </tr> <tr> <td>66 Albertina Kerr Centers • 66 <input type="text"/></td> <td>67 American Red Cross • 67 <input type="text"/></td> </tr> <tr> <td>68a Charity code • 68a <input type="text"/></td> <td>68b Charity code • 68a <input type="text"/> • 68b <input type="text"/></td> </tr> </table>		56 Oregon Nongame Wildlife • 56 <input type="text"/>	57 Prevent Child Abuse • 57 <input type="text"/>	58 Alzheimer's Disease Research • 58 <input type="text"/>	59 Stop Dom. & Sexual Violence • 59 <input type="text"/>	60 AIDS/HIV Education & Svcs. • 60 <input type="text"/>	61 Habitat for Humanity • 61 <input type="text"/>	62 OR Head Start Association • 62 <input type="text"/>	63 OR Military Financial Assist. • 63 <input type="text"/>	64 Oregon Historical Society • 64 <input type="text"/>	65 Oregon Food Bank • 65 <input type="text"/>	66 Albertina Kerr Centers • 66 <input type="text"/>	67 American Red Cross • 67 <input type="text"/>	68a Charity code • 68a <input type="text"/>	68b Charity code • 68a <input type="text"/> • 68b <input type="text"/>	These will reduce your refund
56 Oregon Nongame Wildlife • 56 <input type="text"/>	57 Prevent Child Abuse • 57 <input type="text"/>															
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68a Charity code • 68a <input type="text"/>	68b Charity code • 68a <input type="text"/> • 68b <input type="text"/>															
70 Political party \$3 checkoff. Party code: • 70a <input type="text"/> You • 70b <input type="text"/> Spouse/RDP • 70																
71 Total. Add lines 55 through 70. Total can't be more than your refund on line 54 • 71																
72 NET REFUND. Line 54 minus line 71. This is your net refund NET REFUND → • 72		133														

73 For direct deposit of your refund, see instructions, page 26. • Type of account: <input type="checkbox"/> Checking or <input type="checkbox"/> Savings	
• Routing No. <input type="text"/>	• Account No. <input type="text"/>
Will this refund go to an account outside the United States? • <input type="checkbox"/> Yes	

Important: Include a copy of your federal Form 1040, 1040A, 1040EZ, 1040NR, or 1040NR-EZ.

Under penalty for false swearing, I declare that the information in this return is true, correct, and complete.			
Your signature	Date	Signature of preparer other than taxpayer	• License No.
X		X	2310C
Spouse's/RDP's signature (If filing jointly, BOTH must sign)		Address Telephone No.	
X		1288 SW SIMPSON BL541-617-5882 BEND OR 97702	

If you owe, make your check or money order payable to the **Oregon Department of Revenue.**
 Write your daytime telephone number and "2011 Oregon Form 40" on your check or money order.
 Include your payment, along with the payment voucher on page 19, with this return.

MAIL RETURNS (NON-2-D BARCODE) TO:		MAIL 2-D BARCODE RETURNS TO:	
Tax-to-Pay: Oregon Department of Revenue PO Box 14555 Salem OR 97309-0940	Refunds and No Tax Due: Oregon Department of Revenue PO Box 14700 Salem OR 97309-0930	Tax-to-Pay: Oregon Department of Revenue PO Box 14720 Salem OR 97309-0463	Refunds and No Tax Due: Oregon Department of Revenue PO Box 14710 Salem OR 97309-0460